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Passed March 1826

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An
Inaugural Essay
On
Dysentery.

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March 14th 1826.—

Dysentery.

Amongst the greatest punishments entailed on man is disease. And the subject of the following remarks is by no means one of a trifling nature; but it is one, that in many instances requires an exercise of all the judgment of the Physician to conquer, and the patience of the sufferer to bear. Notwithstanding all our efforts how frequently are we doomed to witness its ravages, and to see the insufficiency of human power. How frequently are we doomed to bear the loss of our dearest friends by its unrelenting hands; and to see destroyed the principle bulwark of our nation - the army. With this knowledge before us we should be stimulated to greater exertions to discover a mode of treat-

ment by which we may divest it of some of its mortality.

Dysentery has been defined a disease of a contagious nature; and this opinion imbibed by many practitioners of this enlightened time has added new horrors to the disease. How often do we find relation shunning relation; and friend abandoning friend to the inroads of the ruthless foe; under the ignorant and false impression that the disease will be transfered to them. This opinion I pronounce wholly unfounded. We might as well say any other fever of an inflammatory nature is contagious as to say the one under consideration is. I would ask, what is Dysentery? A fever determined to the bowels.- Does the determination to the stomach and alimentary canal render it contagious? Does the mucous and bloody discharges, consequent on irritation, render it so? Do I say, these circumstances change the nature of a simple inflammatory fever into one of the most horrible diseases to which the human family is subject? This is sophistry in the extreme, cruel and ignorant; de-

grading the high standing of medical knowledge. It has been advanced by a late writer that the disease assumes the contagious form under certain circumstances. As for instance, when the fever assumes the real typhus form. This I will not pretend to deny. That a patient may impart the disease, while labouring under typhus symptoms, to one who at the same time is exposed to the predisposing causes is very probable. But ordinary dysentery has no such appearances, as it occurs in private practice. We find the disease complicated with typhus in camps or crowded marine and land hospitals. What disease under these circumstances would not prove contagious. Hundreds of unhappy beings crowded together in a small space; rendering the air as impure as that which arises from sepulchral putrefaction; and added to this there is very frequently a great want of ventilation in our receptacles for the sick which confines the fomites and

——— "It the total scene taints,
And assimilates and loads with death."

But, as I said before, this seldom or never occurs in private practice, and when it does, it should be considered merely as an exception to a general law, and not warrant the physician in promulgating the doctrine that ~~the~~ dysentery is contagious; thereby rendering unhappy the already miserable moments of the suffered: and also depriving him of the principal hope of his recovery — good nursing. —

Symptoms. The symptoms of dysentery are various but most generally it comes on with a chilliness followed by a fever; a hot, dry skin; furred tongue; pain in the bowels; griping; tenesmus; mucous stool streaked with blood; and sometimes there is hemorrhage — and not unfrequently we find the rectum protruded beyond the anus, which is called a prolapsus ani. This is the general mode of attack; however, we sometimes find the local af-

fections preceding the fever. —

If the disease be not arrested in its career, it assumes the most alarming appearance. There is considerable prostration of strength, quick pulse, cold extremities, hiccup &c. - These are symptoms of an alarming nature, and are generally the precursors of death; but not invariably so. For we sometimes see recoveries taking place under the most unfavourable circumstances. When it is about to terminate favourably the tongue, which before, was furred and dry, becomes clean and moist; the pulse slow and full; the discharges not so frequent and with less pain; the skin becomes relaxed and moist; the pain in the bowels gradually subsides. The inexperienced physician, in this disease, is sometimes lulled into a false security by the sudden disappearance of the last mentioned symptoms. He frequently finds the pain suddenly cease, and the patient in hopes of a speedy

recovery; but how vain is the hope founded on the basis of ignorance. Instead of finding his patient recovering, he discovers his fatal error too late, and sees with pain and disappointment his prospects blasted and his patient a victim to Spasticity.

Causes. The causes of dysentery are exceedingly numerous; we find it produced by all those which give rise to our autumnal fevers; by imprudence in eating or drinking; sleeping in damp places; wearing damp clothes; exposure to the sun through the day and a moist atmosphere at night. That it is produced by contagion I have already denied, except under limited circumstances. Some have said that it is produced by excretions and secretions. "But this is by no means the case. They would seem not at all adequate to the fulfilement of such a purpose. Did the urine, faces &c prove the source of the disease, then we should have it as diversified in its nature as the

causes are different; and we should have it occurring in various forms. But we find it always the same, only as it is influenced by a difference in constitution, and a gradation of force. Moreover it has been fully shown that dysentery may be propagated although the utmost cleanliness be observed. What then are we to infer, but that, as in Typhus fever, the vessels on the surface of the body take on a secretory function and elaborates a contagious matter."*

Dr Chapman in the early part of his lecture denies this being a contagious disease; I therefore presume that he here means that the vessels on the surface secrete this contagious matter only when the fever is purely typhus. Under ordinary circumstances I think the opinion of its being contagious arises simply from the following cause. The nurses and attendants on the sick become debilitated and

* Dr Chapman's Lecture

worn out by frequent watching; and through imprudence they expose themselves to the common causes of the disease; the system being in a state of predisposition the causes act and they sicken. it is then attributed to contagion.

Treatment. The indications of cure are sufficiently obvious from what has been said.. the are in the 1st place to subdue inflammation.. 2d To remove spasm - 3d To quiet irritation.

If we are called in the first stage of the disease we will sometimes find the pulse tense and hard; under these circumstances few I think would hesitate in regard to the propriety of blood letting. The extent to which it must be carried is to be governed by the pulse, the pain and other circumstances, but generally fifteen or twenty ounces will be sufficient at first. If however symptoms should require it we should not hes-

itate to repeat it.

After the lancet has been used to a sufficient extent we should next resort to the use of Emetics. I am not only supported by my own slight experiance in the recommendation of this class of remedies in dysentery, but I have the support of the learned Professor of the Practice of Physick in this University, with many others of high standing in the profession. Independant of their mere evacuant effect they induce a relaxation of the surface of the body which is of the greatest utility in this disease. In the summer of 1824 this disease prevailed to a considerable extent in Wilmington* and its vicinity. This mode of Proceeding was found peculiarly beneficial by my Preceptor (Dr A McLane) whose judgment in disease some of the Professors of this school are fully acquainted with. And if I am permitted to add my slight experiance I would say, this plan is the best to attack this formidable disease

* Delaware

in order to arrest its progress and to pave the way for other remedies. It is now pretty generally admitted that the Ipecacuanha is the best remedy in this case. In the dysentery of Milmington it was used by Dr McLane in combination with calomel, in order to evacuate the bowels as well as stomach, in the following proportions:

℞ Calomel — — — gr: X

Ipecacuanha — gr: XV: —

This was given at once in syrup of any kind, and always produced two or three evacuations from the stomach, but generally it was found necessary to resort to the use of Castor oil before the Calomel would operate on the bowels. The discharges from the stomach generally consisted of a thick, ropy, tenacious and glary mucous matter which always afforded considerable relief to the patient. The quantity of this matter discharged was almost increadible, amount-

ing in many instances to a pint and a half, and even a quart.

After having thus resorted to bleeding, and evacuations from the stomach and bowels, the attention was directed to the spasm and irritation which still existed. To overcome this the diaphoretics were called to aid. The principal of these used were the Dover's Powder at night and the following combination during the day:

Cretæ p. p. c: —— ℥ss or ij:-
Calomel —— gr: viij:-
Ipecacuanha —— gr: iv:-
Opii —— gr j or ij:-

The above ingredients were intimately mixed and divided into vi or viij powders, according to the urgency of the case, and one given every 4 hours. If they produced sickness of stomach, which they sometimes done, half of one was given every two or three

hours. At night ten or fifteen grains of Dover's Powder was given. Rennet Whey, Barley Water, Flax Seed tea, and mucilage of Gum Arabic were given as drink. This plan of treatment most generally subdued the disease. However sometimes it would not arrest it; the tormina and tenesmus were severe in the extreme; in fact all the symptoms were aggravated. There was then ordered a large Blister over the abdomen; injections composed of fresh butter or lard with a teaspoonfue of laudanum. If the butter ~~nor~~ lard could not be procured flax seed tea with laudanum was substituted, and they were repeated every four hours.— At the same time these remedies were used the combination above, of Chalk &c, was continued. This plan of treatment in almost every instances succeeded beyond the most sanguine expectations. Out of at least one hundred patients treated in this way, not six died; which I consider a pretty strong argument in favour of its utility.

But other practitioners pursued a different course; some adhered to the old, and almost exploded doctrine of treating the disease with astringents, and their unsuccess proved the fallacy of their plan. I know one Physician who gave XX gr: of Calomel three nights in succession, and then gave the sugar of Lead in very large doses. What success attended his practice I leave those who read this essay to judge.

I think, however, that all will admit the impropriety of the plan who strictly attends to the pathology of the disease. How do we find the vessels of the stomach? Do we not find them in a state of constriction? Undoubtedly we do. Are they not severely affected with spasm? They are. Then I would ask. how is sugar of Lead to effect a cure under these circumstances? It cannot do it. But I would not be understood to say that sugar of Lead is not useful in any stage of the disease. Of its utility in the chronic form I am fully aware.

It is merely in the acute stage that I deprecate its use. Why should it not be prejudicial? Does it not confine still closer the already constringed vessels? and thereby close the only outlet for the disease. I am therefore convinced that I shall have a majority in favour of the assertion that the remedy in the acute stage is improper.

The use of Blisters has been strongly condemned by many practitioners in this disease, particularly when applied to the abdomen. They appear to place their opposition on the assertion that they are not beneficial in the ratio of the misery and distress they cause the patient. This assertion is certainly very incorrect because the advantages derived from their use is very great, and the distress produced by them very trifling. This consideration of uneasiness to the patient arises from a false humanity, and should not be countenanced by any one who

wishes his patient to do well. They say the blister should be applied to the extremities. This may do in some slight cases; but it certainly will be admitted that the nearer they are applied to the seat of the disease the stronger will be the impression made. I therefore will venture to assert, that we have no substitute for blisters to the abdomen in this disease after the inflammatory symptoms have been somewhat subdued.

To alleviate the tormina and tenesmus when they are not violent, I have found a teaspoonful of Castor oil with five drops of Laudanum, given every hour or two, prove very beneficial. This produces a pretty free discharge from the bowels, and the laudanum eases the pain.

Ipecacuanha. This remedy has been strongly recommended by many prac-

titioners; but the mode of exhibition pursued by Mr Playfair (of Europe) is one of the boldest I have ever seen recommended. It consists in giving from a half to a full drachm with 30 to 60 drops of Laudanum confining the patient to a horizontal position. I know not the degree of irritability of the stomachs of those he practised on, but I think if it was tried on the majority of patients in this country it would be rejected almost instantaneously. But if we could find a stomach that would bear such a dose I have no doubt it would prove of signal advantage, because it is now generally admitted that this remedy exerts an action sui generis, independant of its evacuant or diaphoretic properties. That this peculiar action is exerted, is proved by the fact that other diaphoretics, equally as strong, in their peculiar power, do not exert the same beneficial effects on the disease. It has also

been recommended to administer it in the form of infusion, but we have been led to believe that this preparation is entirely inert. Not having tried, or even seen it tried, I will not pretend to say any thing as regards its efficacy or inefficacy in this mode of administration.

Opium has been strongly recommended, and I think after the inflammatory state of the bowels are somewhat subdued it is a remedy of considerable importance. It allays irritation, overcomes spasm of the bowels and by a determination to the surface it relieves the capillaries.

Warm Baths. This has also been highly recommended in this disease, but from the great inconvenience attending its use it is seldom resorted to. But when we have the means of exhibiting it we should by all means use them, as the advantage derived from it is very great. —

Flannel Roller. As a substitute for the warm bath this simple expedient has been resorted to with considerable success. In fact it possesses advantages over the bath. It imparts a warmth, and at the same time gives support to the bowels, and for this reason it has been looked upon as superior to the bath.-

When dysentery assumes the Typhus form of fever we must direct our remedies to the sinking system. For this purpose we order the Sol: Alkal:- Musk- Camphor- Wine &c:- and we should combine with the use of these stimulants a nourishing diet as Sago- Tapioca- Arrow Root &c into which wine should be poured. We should also allow wine whey for a constant drink.-

If all the remedies we have enumerated fail we must resort to the use of Mercury and if carried to the extent of Sali-

vation we will seldom be disappointed in our hopes; we will find the bowel affection alleviated as soon as the mouth becomes affected.—

Chronic Dysentery.—

As yet I have said nothing in regard to the chronic form of the disease, and I think I cannot do better than add Doct: Chapman's sentiments on the subject, and close with a description of that form of it which occurred in Wilmington in the summer of 1824.— In speaking of this form Dr Chapman says "in these cases, though the acute symptoms be removed there still remains considerable tenderness of the bowels, which are frequently excited to action, and by the slightest causes; producing small evacuations, most commonly consisting of mucous, and very offensive. Every evacuation is attended with more or less tor-

mina, and which often becomes very painful. Little appetite, and what food is taken is not digested at all or very imperfectly. The skin is dry and parched, the complexion pallid, the eyes sunk, with a shrivelled and meagre expression of the face. Evidently there is here a great confinement of the blood to the large vessels, and on this account, the determination to the surface is considerably diminished. I have met with several instances in the course of my practice which resisting the ordinary treatment with tonics have very rapidly recovered under the use of those means which are necessary to promote and keep up a gentle degree of perspiration. It is here also the flannel roller may be employed to advantage. When the disease is attended with visceral obstruction, Mercury and the Nitric Acid must be employed. The Nitro Muriatic acid applied by fumigation, or given internally is at this crisis the best remedy."*

* Dr. A. Chapman's Lecture.

There is a form of Chronic Dysentery which followed the acute stage as it appeared in Wilmington, which comes so near the Colonies of the East Indies, I think it will not be amiss to say a few words on it, with the plan pursued for its cure.

The patient did not complain of much pain except when called to the Commode, then the tormina was considerable, and the discharges looked very much like the washings of beef, (Latera Carnium), being very fluid without much odour; the Pulse was small and frequent: the skin hot and dry; the tongue somewhat furred, and of rather a bright colour, no appetite. At first the treatment was commenced with the Peruvian Barks, Muriate of Iron &c. but finding no benefit from their use the following was ordered:— Lach: Lat:- gr: xij- Opii - gr: iij. These were intimately mixed and divided into xiij powders

one of which was given three times a day. If the pain was violent Castor oil with Laudanum was given to open the bowels, and at night ℞ grs of Dover's Powder. Under this treatment I do not know a single case that did not recover.

It has long been the practice to treat this form of the disease with tonics, and reasoning a priori we should suppose they would be beneficial, but in many cases we prove the contrary. By a late write in the Medical and Physical journal the Sesquiate of Iron was recommended in very strong terms, but the trials I gave it set me very much against it: If these remedies fail next resort to the use of Mercury in the action of which we are seldom disappointed. The flannel Roller I may add is here of great advantage and should always be used.—